

Authorization Agreement Instructions

PLEASE NOTE – If you qualify for a DirigoChoice discount and you have been enrolled in DirigoChoice for at least three months, you may apply to have your discount amount deposited directly into your checking or savings account by EFT (electronic funds transfer). Completed EFT form must be mailed to the Dirigo Health Agency address listed on page 1 of this form.

During the first three months, your discount amount will be deposited on an EBT (electronic benefits transfer) debit card. You will get instructions on how to use your EBT card. Your EBT card will continue to be the way that you receive your discount until you have applied and are approved for EFT. Once approved for EFT, any remaining balance on your EBT account will automatically be transferred to your checking or savings account. If Direct Deposit fails, funds will go to the EBT card.

Name of Financial Institution: Bank or credit union where money will be direct deposited (Key Bank, Bank of America, etc.).

Transit/ABA Number: Usually found in the lower left corner of the voided check, or you can call your bank.

Type of Account: Please indicate checking OR savings – NOT BOTH! Direct Deposit can go to either type of account but cannot go to a C.D. (Certificate of Deposit). Also, payments cannot be deposited to your credit card. If you have Passbook Savings account, please see your bank to verify whether they will allow debit entries to that account, or whether you need to change to a statement account.

Financial Institution Address and Telephone Number: Local bank office where business is usually conducted.

Name of Account Owner: This is the name on the account to which the check will be credited. If a joint account, both names should be identified.

Account Number: Account to which the money will be deposited.

Signature of Depositor or Authorized Agent: Signature of the person who owns the account (the recipient of benefits) or the person authorized to act for the client: legal guardian, conservator, parent of a minor child, or representative payee. **This should NOT be a bank employee.**

Recipient's Telephone Number: Telephone number where you can be reached for questions about your form, or where we can leave a message for you.

Address: Mailing address of the client or the Authorized Agent (if there is one).

Title of Authorized Agent: Power of Attorney, legal guardian, representative payee, parent. This is only required if you are filling out the form for someone else. If you are filling out the form for yourself, leave it blank.

Contact Person: Name and telephone number of person to contact, other than the client, if the bank does not accept the Direct Deposit for any reason. **This should NOT be a bank employee.** You may leave this blank if you do not want a contact person named.